



PRE-APPLICATION FOR TRAINING ACCELERATION GRANT COMPANY INFORMATION

State Form 52729 (7-06)

INDIANA WORKFORCE DEVELOPMENT

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Fein: _____ NAICS: _____

Consortium Agreement

Is your organization applying on behalf of a consortium of three (3) or more companies? ☐ YES ☐ NO

If applicable, please list the names of the participating companies using [List of Consortium Participants](#).

Project Information

Briefly describe the proposed training plans and credentials:

Employment Information

Current Employment Level

Employment Level 12 Months Ago

Has your company experienced any non-seasonal layoffs in the past 12 months? ☐ YES ☐ NO Briefly explain layoffs.

Contact Information

Primary Contact

Secondary Contact

Primary Contact Name: _____

Secondary Contact Name: _____

Primary Contact Title: _____

Secondary Contact Title: _____

Phone Number: _____

Phone Number: _____

Fax Number: _____

Fax Number: _____

e-mail address: _____

e-mail address: _____

State Funds Received Annually

List amounts for all state funds being received annually:

Training Acceleration Grant (TAG) _____

Skills Enhancement Fund (SEF) _____

TECH Fund _____

Other: _____

I agree to accept email attachments from Indiana Workforce Development with regard to the required submission of the material applicable to the Training Acceleration Grant Program.

Signature _____

Date _____

Printed Name and Title _____

For Internal Use Only

☐ Clear ☐ Not Clear

Clearance check date: _____

Clearance check by: _____